> one of maturer years), who has not witnessed mental dethronements of the sad character here alluded to. (358)

More precisely, he relishes his privileged ability to see it when the patient's `family and friends, and not seldom his medical adviser, share in the delusion' (357). Paresis occasions a triumph of medical lore and experience over the deceptive charms of youth if not youth itself, gratifying to the older physician who remarks like a baleful epicure the `dozens of such athletes' that have been sent to him, `ticketed as most promising cases' (357), but marked by him for something else. Workman puts his faith in his diagnosis, specifically in the diagnostic power of his own `practised eye' (`Notes Illustrative', 9) and even ear. For as muscular impairment `becomes more extended and more apparent' (report for 1859, 18), even an experienced `ear' can identify a paralytic patient just by the sound of his uneven tread: `The very sound of the foot on the floor is characteristic' (18). Workman speaks of a way of seeing, cultivated by training and experience, that enables him to penetrate appearances of life and health to a reality of disease and death. As if with the mythical `X-Ray' he dissolves the general paralytic's characteristically cheerful plumpness to a cynical Death's Head whose processes he unravels a posteriori in the mortuary. His very gaze seems deadly; if not exactly lethal in itself, it marks the living for a death it exposes as its vindication and triumph and subsequently its entertainment and reward. Through his musings and broodings what sharply emerges is the pattern: the arrival, the deceptive appearance or even apparent improvement, the gaze, the aggravation of the condition, death, and a few hours later the autopsy.

In the second part of his essay (in The Canada Lancet 11.1 (1878): 1-5), Workman attempts to define the disease still further. It is painless, or at least without `head-pain' (1), mainly afflicts men, and advances -- or rather has been thought to advance -- in three stages:

> It has been usual to speak of the first stage as that of incubation; of the second, as that of full development, or pronounced maniacal disorder; and of the third as that of established dementia, with unequivocal subversion of both bodily and mental competency. (2)